

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/807614

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		4		1		
7		8		1		
8	1		1			
9		1		1		
10		1		1		
11		1		1		
12		4		1		
13		4		1		
14		8		1		
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TOTAL IND.	↓		2	↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			13			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓		↓		↓	↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						